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EXPEDITED PROCEDURE

Group Art Unit: 3731

Docket No.: OSTEONICS 3.0-322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	::
Patrick Rangel	: Group Art Unit: 3731
	:
Application No.: 10/007,130	::: Confirmation No.: 2165
	:
Filed: November 5, 2001	::: Examiner: D. J. Davis
	:
For: HANDLING DEVICE FOR ACETABULAR	:
BEARING LINER	:

AMENDMENT UNDER 37 CFR 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 14, 2004, finally rejecting claims 1-13 and 18-27, please amend the above-identified U.S. patent application as follows:

519935_1.DOC

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

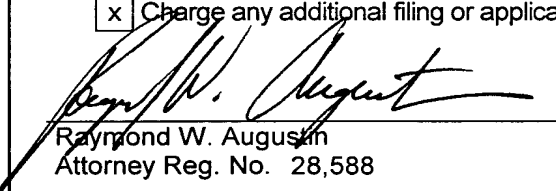
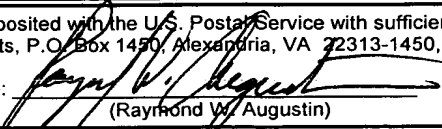
Dated: October 11, 2004

Signature: 

(Raymond W. Augustin)



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AMENDMENT TRANSMITTAL LETTER				Expedited Procedure	
Application No. 10/007,130		Filing Date November 5, 2001		Examiner D. J. Davis	
				Group Art Unit 3731	
Applicant(s): Patrick Raugel				Docket No. OSTEONICS 3.0-322	
Invention: HANDLING DEVICE FOR ACETABULAR BEARING LINER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 20 =		x	0.00
Independent Claims	2	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Raymond W. Augustin Attorney Reg. No. 28,588				Dated: October 11, 2004	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6318					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: October 11, 2004		Signature:  (Raymond W. Augustin)			